

## **Definitions**

<b><i>SNFs</i></b>	Skilled Nursing Facilities are Medicare certified facilities that provide extended skilled-nursing or rehabilitative care under Medicare Part A. Facilities that are not SNFs are not reimbursed under Part A, but may be reimbursed for some items and services under Part B.
<b><i>PPS</i></b>	Prospective Payment System. Before the BBA of 1997, Medicare paid SNFs based on reasonable costs, as reflected in their annual cost reports. Since 1998, SNFs are paid under PPS. The daily rate is supposed to cover all costs of furnishing routine, ancillary, and capital-related costs to the Medicare beneficiary for skilled nursing care. Some states still use a cost-based reimbursement system for Medicaid reimbursements; others use a form of PPS.
<b><i>MDS</i></b>	Minimum Data Set. MDS was developed as a tool for clinical evaluation and guidance for nursing home patients' care plans. Under PPS, the MDS is also now used to set RUG payment rates for each SNF resident.
<b><i>OSCAR</i></b>	CMS' Online Survey, Certification and Reporting system. Tracks nursing home survey results (has some limited ownership data).
<b><i>PECOS</i></b>	CMS' Provider Enrollment Chain and Ownership System. CMS contractors started inputting Medicare provider enrollee data into PECOS in 2002. Only 72% of nursing homes are in PECOS. Currently, providers fill out Form 855, the provider enrollment form, by hand and contractors manually input the data. CMS is working on enabling Medicare providers to enroll and update their information electronically.
<b><i>CMPs</i></b>	Civil Money Penalties. OBRA 87 authorizes CMS to impose CMPs ranging from \$50 to \$10,000. CMPs can either be per day or per instance; the fine amount can vary depending on the scope and severity of the deficiency.
<b><i>QIS</i></b>	Quality Indicator Survey. The new facility survey tool developed by Andy Kramer intended to reduce subjectivity and variability in the survey process. CMS is rolling QIS out to states by training surveyors on the process.
<b><i>QMs</i></b>	Quality Measures are CMS' publicly reported measures documenting outcomes nursing home residents. They were designed to provide fair measurement of facility quality track nursing facility residents who have and are at risk for specific functional problems needing further evaluation.